

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: 691

L. S. Elevation: _____

E-log #: _____

County: Union

Permit #: _____

Driller: Leaper Drilling

Date drilling completed: 12-29-08

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name: Joe Alberso

Mailing Address: 211 CR 515

Myrtle MS 38650
City State Zip Code

Telephone No. (601) 490-2859

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 1/4 Sec 6 Twn 75 Rng 2E

Distance 7 Miles Direction SOUTH Nearest Town Myrtle

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 12-26-08 Date well drilling completed: 12-29-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 12-30-08

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 390 ft Well depth: 390 ft Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: .013 inches Setting depth: From 350 feet to 390 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Leaper Drilling # 0079
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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JAN 05 2009

BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Leflore
Permit #: _____
Driller: Leaper Drilling
Date completed: 12-30-08

For Office Use Only:
Aquifer: _____
Well #: 6-91
Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Joe Albersow</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>211 CR 515</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Myrtle MS 38620</u> City / State / Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>6</u> Twp <u>7S</u> Rng <u>2E</u>
Telephone No. <u>901 490-2859</u>	Distance <u>4</u> Miles <u>SOUTH</u> of <u>Myrtle</u>

Pump Type Circle one	Power Type Circle one
Air Lift Bucket Centrifugal Other (specify): _____ Date Pump Installed: <u>12-30-08</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine Electric Motor Windmill Horse Power Rating of Motor: <u>3/4 HP</u> Setting Depth: <u>100</u> feet Number of Stages: <u>11</u>
Jet Piston Rotary Submersible Turbine Flowing Well	Gasoline Engine Hand Other (specify): _____ Natural Gas Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-30-08</u>	Air Line Electric Measuring Line Other (specify): _____ Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Leaper Drilling #0079
Print Name of Pump Installer and License No. (if applicable) _____
Signature of Pump Installer _____

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JAN 05 2009
BY: OLWR